

State of Illinois  
Illinois Citizen Corps Council  
Citizen Corps Semi-Annual Report

Semi-Annual Report

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This semi-annual report is meant to provide additional information to the State of Illinois in order to provide full information for Federal reporting. The Federal program requires statistical reporting and we hope that these reports will assist in our requests for additional funding and support.

I certify that the reporting jurisdiction (grantee) is NIMS Compliant: (if you are unsure regarding NIMS compliance, check with your local EMA Coordinator. All HSGP grant jurisdictions are subject to NIMS compliance audit.)

☐ Yes ☐ No

Semi-Annual report dates include (check the appropriate report date):

☐ Quarter 1 + 2 (January – June) Due Date: July 15

☐ Quarter 3 + 4 (July – December) Due Date: January 15

Jurisdiction Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_--\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_--\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_--\_\_\_\_

Primary Contact Email: \_\_\_\_\_

Status of spending:

Grant Award \$: \_\_\_\_\_ \$ committed to date: \_\_\_\_\_

Council Meeting Schedule (minimally 2 meetings per year):

☐ Weekly ☐ Monthly ☐ Bi – Monthly  
☐ Quarterly ☐ Semi-Annually ☐ Other: \_\_\_\_\_

Dates: \_\_\_\_\_

Partner programs in place within the jurisdiction include:

☐ Council ☐ CERT ☐ Fire Corps  
☐ VIPS ☐ USAonWatch ☐ MRC

Page 1 should be completed for the overall program. Please complete the following pages for EACH of the CCC program areas active within your jurisdiction. Medical Reserve Corps (MRC) information is optional but helpful to the state. Please include MRC information at least once per year.

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CITIZEN CORPS COUNCIL

This program is funded by IL Citizen Corps? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ %  
 This program is funded by local jurisdiction? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ %

Council Members (7 of numbers 1 – 10 are required, additional members are optional):

	Name	Type		Discipline									
		Staff	Community Volunteer	EMA	Homeland Security	Law Enforcement	Fire Service	Medical	Elected Official	Private Sector	Non-Profit	NGO	Advocacy
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Additional documentation included in packet (optional, newly developed or revised documents):

<input type="checkbox"/> Constitution	<input type="checkbox"/> Policies & Procedures
<input type="checkbox"/> Mission Statement	<input type="checkbox"/> Operating Guidelines
<input type="checkbox"/> Operating Plans	<input type="checkbox"/> Other: _____

Contact with affiliate programs include (see [www.citizencorps.gov](http://www.citizencorps.gov)): \_\_\_\_\_

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Contact with partner MRC programs include: \_\_\_\_\_

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Public education and outreach:

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Events sponsored or supported:

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